

# FEC FORM 2

## STATEMENT OF CANDIDACY

RECEIVED PAGE 1/4  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

15 FEB -9 PM 3:12

1. (a) Name of Candidate (in full) JONI ERNST		2. Candidate's FEC Identification Number S4IA00129	
(b) Address (number and street) 910 N 6TH ST		<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code RED OAK IA 51566		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)	
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate IA	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) JONI FOR IOWA	
(b) Address (number and street) PO BOX 93441	
(c) City, State, and ZIP Code DES MOINES IA 50393	

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) VICTORY TRUST 2014	
(b) Address (number and street) 228 S WASHINGTON STREET SUITE 115	
(c) City, State, and ZIP Code ALEXANDRIA VA 22314	

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate JONI ERNST	Date 02/05/2015
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FEC FORM 2 (REV. 02/2009)

15020102359

# FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)

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## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

FOUNDERS SENATE CANDIDATE COMMITTEE

(b) Address (number and street)

228 S. WASHINGTON STREET  
SUITE 115

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

SRGE VICTORY FUND

(b) Address (number and street)

901 N WASHINGTON ST  
SUITE 700

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

WINNING WOMEN FOR THE US SENATE

(b) Address (number and street)

228 S. WASHINGTON STREET  
SUITE 115

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

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# FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)

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## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

ERNST VICTORY FUND

(b) Address (number and street)

500 CUMMINGS CENTER SUITE 4400  
C/O RED CURVE SOLUTIONS

(c) City, State and ZIP Code

BEVERLY

MA

01915

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

MCFADDEN ERNST COTTON SULLIVAN VICTORY FUND (MECS VICTORY FUND)

(b) Address (number and street)

901 N WASHINGTON ST SUITE 700

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

FLORIDIANS FOR A SENATE MAJORITY

(b) Address (number and street)

228 S WASHINGTON ST STE 115

(c) City, State and ZIP Code

ALEXANDRIA

VA

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# FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)

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## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

FRIENDS OF WINNING WOMEN

(b) Address (number and street)

228 S WASHINGTON ST STE 115

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

RECLAIM THE SENATE 2014

(b) Address (number and street)

228 S WASHINGTON ST  
STE 115

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

NEW SENATE MAJORITY 2014

(b) Address (number and street)

901 N WASHINGTON ST SUITE 700

(c) City, State and ZIP Code

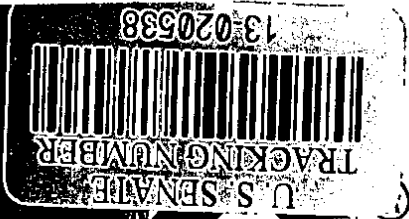
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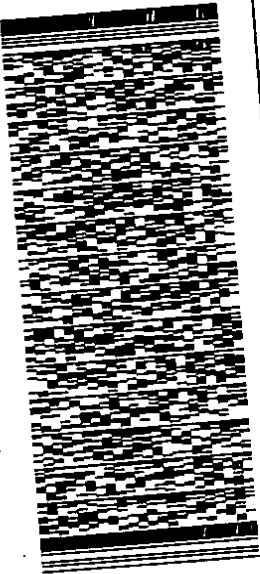


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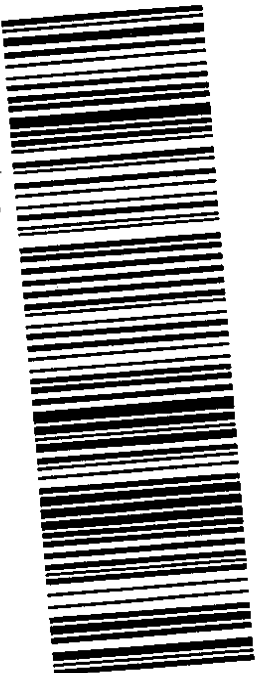
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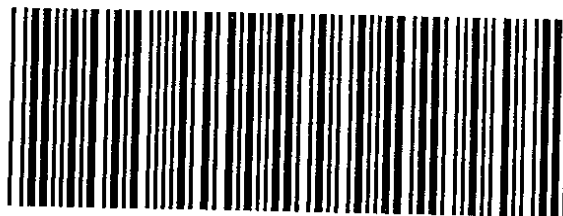
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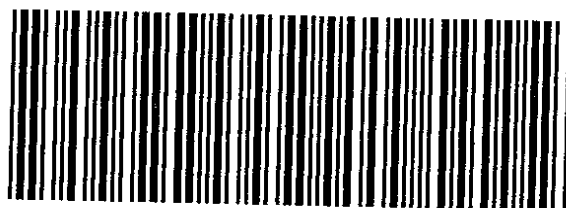
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